

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534141

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3						
4		1				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12	1					
13	1					
14						
15		1				
16		1				
17		1				
18		2				
19		2				
20		2				
21	1					
22	1					
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TOTAL IND.	8		↓		↓	↓
TOTAL DEP.	40	←		←	←	←
TOTAL CLAIMS	48	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████